


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90198 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000057250					
1. Corporation Name BRUCE A. LEINBACK, P.A.					
Principal Place of Business 1669 MAHAN CENTER BLVD TALLAHASSEE FL 32308 US			Mailing Address 1669 MAHAN CENTER BLVD TALLAHASSEE FL 32308 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		07/08/1996	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-3419109	
24. Country		29. Country		Applied For	
25. Country		30. Country		Not Applicable	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LEINBACK, BRUCE A 1669 MAHAN CENTER BLVD TALLAHASSEE FL 32308			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83. City		
			84. City		
			85. Zip Code		
			FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
P LEINBACK, BRUCE A 385 N JEFFERSON ST MONTICELLO FL			2.1 TITLE		
			2.2 NAME		
			2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
			3.1 TITLE		
			3.2 NAME		
			3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
			4.1 TITLE		
			4.2 NAME		
			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
			5.1 TITLE		
			5.2 NAME		
			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
			6.1 TITLE		
			6.2 NAME		
			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

B. LEINBACK
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(850) 942-9700

Daytime Phone #

CR2E034 (11/98)

0052569